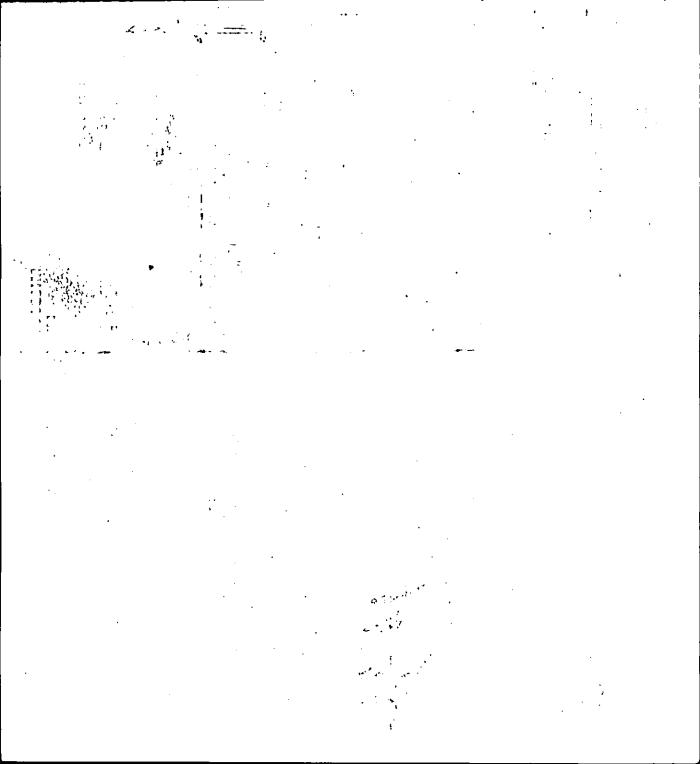
| d state ortant. | 3 | BUREAU OF V | BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH 1076 Do not use this space. |
|---|------------|---|---|
| INS should stat s very importan | | 1. PLACE OF DEATH County Registration Distri Township Registration Primary Registration | 1 1-6-10 |
| . PHYSICIANS should state UPATION is very important. | | City | Ward. (If nonresident, give city or town and State) |
| | AUG 8 1884 | Length of residence in city or town where death occurred yrs. mos. | ds. How long in U. S., if of foreign birth? yrs. mos. ds. |
| ted EXACTLY tement of OCC | | 3. SEX 4. COLOR OR RACE DIVORCED (write the word) The the the word) | 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY That I attended deceased from |
| should be stated ed. Exact statem | | 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A, Jackson | I last saw home alive on 1937, to 2 1934 Death is said |
| AGE shoul lassified. E | | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Wate 10, 185% 7. AGE YEARS MONTHS DAYS IT LESS than 1 day,hrs. orhrs. | to have occurred on the date stated above, at 2 m. The principal cause of death and related causes of importance were as follows: Date of onset [33] |
| supplied. I properly cla | | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc | 135A 122A. 13-5 (1) |
| arefully s may be p | | 10. Date deceased last worked at this occupation (month and spent in this occupation. | Other contributory causes of importance: |
| بدن | a | 12. BIRTHPLACE (CITY OR TOWN) Aguit fur 68.1, (STATE OR COUNTRY) M M M M M M M M M M M M M | Angunal huma |
| n shoul | 2 | 13. NAME Survey M., Chan 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) | Name of operation Bassim Date of 937 What test confirmed diagnosis? Daysec & Was there an autopsy? |
| lain te | | 15. MAIDEN NAME Rebelea Raus | 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? |
| n of inf TH in 1 | 2 | S (STATE OR COUNTRY) PROGRAMME | (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. |
| ery iter F DEA | | 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury Nature of injury |
| | | 19. UNDERTAKER DE SULLA | 24. Was disease or injury in any way related to occupation of deceased? |
| N.B. | | 20. FILED 7-30 194 All Registrar! | (Signed) , M. D. (Address) Survey Mo |
| | _' | | |



| N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. | BEGISTBARS CHAIL NOT BECEIVE A FEF FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. |
|--|--|
| stated EXACTLY | ARE COMPLETE |
| AGE should be a assified. Exact s | S UNTIL THEY |
| sfully supplied. 1y be properly ch | S CERTIFICATE |
| n should be care ms, so that it m | IVE A FFF FO |
| m of informatio ATH in plain ter | ALL NOT BECK |
| N.B.—Every ite CAUSE OF DE/ | DECICEDADS CH |

| | MISSOURI STATE BOARD OF HEALTH |
|--------------|--------------------------------|
| SEP 1 7 1934 | BUREAU OF VITAL STATISTICS |

ALL INFORMATION CALLED

FOR MUST BE WRITTEN ON

| | | CEHTIFICA | TIE OF DEATH | THIS SUFFEEWENTANT, |
|---|--|---|--|---|
| 1. PLACE OF DEATH County Dury golon Registration Distri | | | ct No. 1076 | File No. |
| | | | on District No. 568/ | Registered No. |
| | City(No | I I I I I I I I I I I I I I I I I I I | Α | |
| | 2. FULL NAME Benjamin | Trank | lin Jackson | waru) |
| | (a) Residence, No. | St. | .,Ward | |
| | (Usual place of abode) Length of residence in city or town where death occurred | yrs. mos. | (If non ds. How long in U. S., if of fore | resident, give city or town and State) |
| _ | Deligate of Tealgettes In City of 15 and 14 and 15 action occurred | | | |
| _ | PERSONAL AND STATISTICAL PARTIC | CULARS | MEDICAL CERTI | FICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | | | 21. DATE OF DEATH (MONTH, DAY, AND | |
| 54 | . IF MARRIED, WIDOWED, OR DIVORCED | · | 1 1 1 2 | FY, That I attended deceased from |
| - | HUSBAND OF W | 201 | - 3 | 200 July 1939 |
| | (OR) WIFE OF / Mary to. Fack | 10 100 | I last saw harmalive on | Death is said |
| | DATE OF BIRTH (MONTH, DAY, AND YEAR) Youre - | -10-185 | to have occurred on the out stated a | bove, atm. sted causes of importance were as follows: |
| 7. | AGE YEARS MONTHS DAYS | If LESS than 1 day,hrs. | The principal cause of deads and lets | Date of enset |
| | 82 1 18 | ormin. | Chronicopyo | rephiles 1932 |
| _ | 8. Trade, profession, or particular | r | 4 | 4 6 |
| ŏ | kind of work done, as spinner, farms | my | | 12 1/0 |
| ¥ | 9. Industry or business in which | / | | 1/200 |
| Ş | work was done, as silk mill, saw mill, bank, etc. | | | 1 1 1 1 |
| OCCUPATION | | me (years) t in this pation | Other contributory capaca of importan | |
| | - Aquatu | CO. D | thing Prosta | eur J |
| 12. | (STATE OR COUNTRY) | mo & | Inquirial Me | mic. |
| g | La mus Tura in M | 6 | | |
| FATHER | 13. NAME / While / // State | 7000 | Name of operation 2.52.55.55.55.55.55.55.55.55.55.55.55.55 | Date of 7932 |
| ¥ | 14. BIRTHPLACE (CITY OR TOWN) | | What test confirmed diagnosis? | Dica? Was there an autopsy? |
| - (STATE ON COUNTRY) | | | 23. If death was due to external cause | s (violence), fill in also the following: |
| HER | 15. MAIDEN NAME REVEROCE SON | 2 0, | | , Date of injury, 19 |
| 6 | 16, BIRTHPLACE (CITY OR TOWN) | 1 . | Where did injury occur?(S_ec | die site or town pounts and Ctata |
| Σ | (STATE OR COUNTRY) | ma | Specify whether injury occurred in ind | ustry, in home, or in public place. |
| 17 | INFORMANT L.W. Just Soft | <u>,,' </u> | | ····· |
| | (ADDRESS) (/ Jackson Coll | le. mo | Manner of injury | *************************************** |
| 18. | BURIAL, CREMATION, OR REMOVAL | 1 -30 0 | Nature of injury | |
| | PLACE // CA O COLO, / MONTE PLACE | 7 | 24. Was disease or injury in any way : | related to occupation of deceased? |
| 19. | UNDERTAKER W. D. Jogone | , | If so, specify | |
| | (ADDRESS) Raclode | Bry. | (Signed) | raruy M.D. |
| 20. | FILED 7-30 1934MW. Chas | hudwy | (Address ALLES | ner, omo. |
| | | Treplace and Je | <u> </u> | |

S-25-403